TASC

Technical Assistance and Services Center

Flex Program Hour Highlights

Date: *May 10, 2000*
Topic: *Quality*
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Possible JCAHO Accreditation of Critical Access Hospitals

Kurt Patton reported that several months ago, JCAHO met with its Task Force on Accreditation Issues for Small and Rural Hospitals to discuss creating a CAH accreditation track. JCAHO staff will be doing site visits at two CAHs as they develop the model, and current accreditation manuals are being analyzed to identify which standards are most appropriate for the CAH package. The goal is to simplify the standards and reduce the cost. Currently, two surveyors conduct a two-day site visit and this costs approximately $8,000. With simplified standards, it's possible to have one surveyor at the site for two or three days and cost would be reduced accordingly.

Kurt indicated that JCAHO has 2-3 months of standards writing to do and then an internal approval process will begin. Hopefully, by late summer or early fall, they will submit the plan to HCFA to seek deeming status and it's possible the track could be available in 2001.

If a hospital is currently accredited and is seeking CAH designation, they should notify JCAHO of the new designation and they will continue to be recognized as accredited. It's possible for a CAH to be accredited under full service hospital standards before the CAH track is offered in 2001 if they have met and continue to meet the standards in the full hospital manual.

If a CAH seeks accreditation, their larger referral hospital would also be surveyed within a similar timeframe to ensure a similar standard of care. It's also possible that a non-accredited CAH could receive benefits of the accreditation review through their relationship with the larger accredited transfer facility.

Kurt indicated he would be meeting with some states to identify differences and similarities in their survey processes. It's possible the state survey and JCAHO survey could be combined.

Quality Improvement Program in a Network

Virginia Bynum reported that Sioux Valley Hospitals and Health System made QI a major focus a few years ago when a new CEO was brought into their network. The system had become very disjointed. The system has 24 hospitals, 40+ clinics, 13 long-term care facilities, and 14 hospice/home health care facilities. The majority of the hospitals have fewer than 50 beds and four are now CAHs (although they weren't at the time).

Their priorities were to (1) implement performance improvement/quality measures across the system: hospitals, nursing homes, clinics, and home health; (2) provide comprehensive performance improvement/quality education; and (3) achieve JCAHO/NCQA accreditation.

They identified 10 quality measures touching on each area of the system. All facilities were required to reach JCAHO standards for accreditation and then 18 months later, they applied after doing mock surveys in each facility. JCAHO chose which facilities to visit and those facilities went through an additional mock survey. Only one deficiency was found and accreditation was received with a very high score of 96. The network continues to promote QI with their annual "Quality Fair" where quality projects are judged and prizes are rewarded.

The question was asked about how SORHs can play a role in hospital/network QI efforts. With SVH&HS, SORHs were invited to participate in meetings and shared information appropriate to the needs of the network. SORHs are encouraged to participate in regional QI efforts as there seems to be a higher success rate in regional programs as opposed to statewide.

Terry Hill noted that TASC will be writing a *TASC Briefing* on the topic of quality in the near future and will work with the Office of Rural Health Policy to provide some education and direction on this issue.